

Army Family Action Plan (AFAP) General Officer Steering Committee (GOSC) Summary

General Daniel Allyn, Vice Chief of Staff, Army (VCSA) chaired the 22 Apr 16 AFAP GOSC meeting which reviewed nine issues. Attendees included the Acting Secretary of the Army, senior officials from the Department of Defense (DoD), Department of the Army (DA), Army Staff, Commands, military support organizations, and senior spouses.

Civilian Personnel Issues

Issue 679: Creditable Civil Service Career Tenure Requirements for Federally Employed Spouses of Service Members and Federal Employees

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Increase the thirty day creditable civil service career tenure requirement break for all federally employed spouses of service members and Federal employees to one hundred eighty days after resignation in conjunction with the relocation of their military or Federal sponsor.

Final issue status: Active

Accomplishments:

1. Deputy Assistant Director at Office of Personnel Management (OPM) agreed to increase the time limit for the break to 180 days. OPM is now investigating whether career conditional status should even exist.
2. Draft regulatory change options are working through OPM channels and the Office of Management and Budget.

Estimated cost: No cost to implement.

Issue discussion: The Acting Secretary of the Army stated he would contact OPM to request OPM finalize the change to policy in the Federal Register.

Way ahead: OPM will publish recommendations and changes in the Federal Register.

Issue 689: Sexual Assault Restricted Reporting Option for Department of Army Civilians (DACs)

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Authorize restricted reporting of sexual assault for DACs.

Final issue status: Active

Accomplishments:

1. The DoD and Army approved a one-year pilot test in U.S. Army Europe in Sep 09 allowing DACs to file restricted reports of sexual assault.
2. Sexual Harassment/Assault Response Program is working with stakeholders to collect and analyze funding, manpower, policy, and procedural impacts for a legislative proposal.
3. Army requested DoD Sexual Assault Prevention and Response (SAPR) Office authorize an exception to policy in 2nd quarter FY16 granting DACs restricted reporting options.
4. DoD SAPR Office approved Army request for a one-year pilot to grant DACs restricted reporting options in 2nd quarter FY16.

Estimated cost: No anticipated increase in funding or manpower.

Issue discussion: The Army submitted a legislative proposal not supported by the Navy and the Air Force. The sister services are concerned about liability. The VCSA questioned the difference between Soldier and DACs restricted reports. The Acting Secretary of the Army stated the Feres Doctrine bars claims against the federal government by members of the Armed Forces and their Families for injuries to a member arising from or in the course of activity incident to military service. Actions by DACs are not protected by the Feres Doctrine. The Office of The Judge Advocate General (OTJAG) stated DACs electing a restricted report, under the pilot, will complete a waiver form. The DAC restricted report concern is that Army supervisors will not be able to take Title 7 mandated corrective action because the Army will not be aware if there is a hostile work environment. The Inspector General questioned whether the Army is liable if the offender assaults someone else. OTJAG stated that the liability would be no different than the current situation when a Soldier makes a restricted report.

VCSA direction: The VCSA directed G-1 to obtain an Office of the Secretary of Defense (OSD) deferred versus denied status on the legislative proposal. Additionally, the VCSA directed the Provost Marshal General to discuss the issue with his service counterparts to determine if they would support a future legislative proposal.

Way ahead: Request OSD change their “disapproval” to “deferral” to allow the Army to prepare an FY19 legislative proposal.

Family Support Issues

Issue 650: Exceptional Family Member Program (EFMP) Enrollment Eligibility for Reserve Component (RC) Soldiers

Proponent: ACSIM

Issue recommendation: Authorize RC Soldiers enrollment in the EFMP.

Final issue status: Active

Accomplishments:

1. Received support from OSD to provide EFMP respite care to meet the needs of Army.
2. Army OTJAG and Office of the General Counsel had no legal objection on memo approving EFMP Respite Care.

Estimated cost: Army is the bill payer for Active Guard/Reserve (AGR) Soldiers accessing EFMP respite care. Army National Guard (ARNG) would be the bill payer for mobilized ARNG Soldiers. Projected cost is based on Army-provided model at three percent of projected EFM enrollment. The ARNG and the Army Reserve (USAR) would pay for EFMP respite care for mobilized Soldiers. If three percent of eligible EFMP use respite care, ARNG’s annual cost would be ~\$259,000 and USAR’s annual cost will be ~\$274,000.

Issue discussion: The ARNG concurred with releasing a Secretary of the Army directive which authorizes voluntary enrollment for RC Soldiers into the EFMP. The USAR also concurred, but expressed concern with a policy that cannot be delivered until resources are in place. USAR seeks inclusion in the existing Installation Management Command (IMCOM) EFMP respite care contract. IMCOM countered they

would work with the RC during IMCOM's EFMP respite care contract renewal. The VCSA clarified that each component is responsible for funding their own obligations.

Way ahead: Submit a Secretary of the Army directive that authorizes voluntary enrollment for RC Soldiers into the EFMP.

Issue 690: Army and Local Community Support for RC, Geographically Dispersed (GD), and Transitioning Soldiers and Families

Proponent: ACSIM

Issue recommendation: Establish a process to connect RC, GD, and transitioning Soldiers and Families to local community support.

Final issue status: Active

Accomplishments:

1. Reconvened working group and agreed existing policy is adequate to implement.
2. The RCs have shared information and referral resources for a decade, including Family Assistance Centers (FACs), Army Strong Community Centers, and Fort Family.
3. Working with OSD/National Guard Bureau (NGB) Building Healthy Military Communities (BHMC)/Joining Community Forces (JCF) initiative. JCF/BHMC seeks to improve awareness and accessibility of existing military and community-based resources, with a focus on RC/GD population.
4. JCF/BHMC opens the 396 National Guard FACs to all RC/GD service members and Families, regardless of duty status to better connect them to needed services.
5. JCF/BHMC also employs a state coordinator to synchronize support efforts at the local, county and state level.
6. OSD/NGB to pilot JCF/BHMC in seven states: Minnesota, Maryland, Mississippi, Florida, New Mexico, Oklahoma, and Indiana.

Estimated cost: To be determined.

Issue discussion: Training and Doctrine Command (TRADOC) and USAR requested to be included in working group discussions.

Way Ahead:

1. Continue working group meetings, include TRADOC.
2. Work with OSD on JCF/BHMC seven state pilots.
3. Work with OSD on pilot site training to ensure Army interests are represented and synchronized.
4. Push BHMC/JCF approved strategic messages through RC, GD communication channels to increase connectivity.
5. Review JCF/BHMC pilot outcomes to determine further way ahead.

Issue 691: RC Soldiers and Families Access to Army Community Services (ACS) Services

Proponent: ACSIM

Issue recommendation: Eliminate the one year post-mobilization restriction for RC Soldiers and Families to access ACS services.

Final issue status: Active

Accomplishments:

1. Office of the Assistant Chief of Staff for Installation Management, Installation Management Command, USAR, and ARNG working group established in 4th QTR FY14.
2. OTJAG opined in 4th QTR FY14 no legal objection to RC Soldiers and Families accessing ACS services.
3. Initial analysis of population to be served conducted in 1st QTR FY15.
4. RC use of ACS services averages 12 percent, a fraction of the total RC population that would be eligible with a policy change.
5. The FY15 ACS annual report revealed that less than one percent of Family members accessed ACS centers for services. No data was available to determine which services were provided.

Estimated cost: To be determined.

Way Ahead: Submit a Secretary of the Army directive to eliminate the one-year post-mobilization restriction for RC Soldier and Family access to ACS services and authorize service on a space available basis.

Soldier Support and Entitlements Issues

Issue 596: Convicted Sex Offender Registry

Proponent: Office of the Provost Marshal General

Issue recommendations: Establish a searchable sex offender registry and make it available to the military community. Require all convicted sex offenders who are authorized a DoD identification card to register with the installation Provost Marshal Office (PMO) and be entered into the registry.

Final issue status: Active

Accomplishments:

1. DoD Directive-Type Memorandum 15-003 (Registered Sex Offender (RSO) Identification, Notification, and Monitoring) uses National Crime Information Center information to identify RSO service members, dependents, federal employees, and contractors.
2. Army Regulation (AR) 614-30 (Overseas Service) prohibits RSO dependents from overseas tours.
3. Secretary of the Army Directive 2013-21 (Initiating Separation Proceedings and Prohibiting Overseas Assignments for Soldiers Convicted of Sex Offenses) bars overseas assignments for RSOs Soldiers.
4. Secretary of the Army Directive 2013-06 (Providing Specified Law Enforcement Information to Commanders of Newly Assigned Soldiers) authorizes access to Soldier criminal history/sex offender registry requirements.
5. RSO Soldiers eligibility limiting assignment code "L8."

Estimated cost: To be determined.

Issue discussion: The G-2 representative praised the initiative.

Way ahead:

1. Publish AR 190-45, Law Enforcement Reporting.
2. PMO maintains a list of all RSOs living, working, and visiting the installation as received via the DoD DEERS and matches it against the registered sex offenders within

the Federal Bureau of Investigation's National Sex Offender Registry. It will be fully operational as of 3rd Quarter FY16.

Issue 609: Total Army Sponsorship Program (TASP)

Proponent: ACSIM

Issue recommendations: Standardize and enforce the Army TASP through the Command Inspection Program (CIP). Add TASP to the CIP checklist in AR 600-8-8 Appendix B.

Final issue status: Active

Accomplishments:

1. Incorporated sponsorship training into the Army Learning Management System.
2. Enabled Army Career Tracker (ACT) Sponsorship module access via privately owned smart devices (i.e., smart phones, tablets, notebooks, etc.).
3. Sponsorship linked directly to CIP.
4. Per DA Executive Order (EXORD) 161-15 (Army-Wide Implementation of the TASP ACT Sponsorship Module, Active Component), commanders will validate monthly sponsorship reports. Monthly sponsorship report will be an inspectable item for Organizational Inspection Program (OIP).
5. Total Army ACT Sponsorship phased implementation completed for active component.
6. USAR successfully completed an ACT Sponsorship Pilot with 200th Military Police Command.

Estimated cost: \$169,000 TRADOC ACT execution expense.

Issue discussion: The Sergeant Major of the Army (SMA) stated that "no sponsor, no orders" will be implemented Army wide following a successful pilot. Additionally, sponsorship requirements will be tied to the Soldier's risk category. A specialist would be Tier 1 and required to have a sponsor before orders are issued. A colonel would be Tier 3 and would not be required to have a sponsor. Senior commanders also have the discretion to make a geographic area Tier 1 for all personnel based on unique assignments, such as Kwajalein Atoll. The Chief of Chaplains concurred that transition is a risk time. The SMA closed by stating that the ACT now has White Pages where Soldiers can enter their personal cell phone numbers and email addresses so gaining units can reach the Soldiers.

Way ahead:

1. Fragmentary Order 1 to HQDA EXORD 161-15, which reflects the new business rules for a tiered approach (Tiers I-III) to sponsorship, will undergo Army-wide staffing.
2. Revise AR 600-8-8 to standardize sponsorship procedures and enforce TASP through CIP using the ACT system.
3. Complete draft DA Pamphlet 600-8-8 to provide guidance and operating instructions.
4. Continue to educate the Army on ACT sponsorship functionalities.
5. Continue to synchronize efforts to enhance TASP with key stakeholders.
6. Update OIP checklist with ACT sponsorship functionalities in AR 600-8-8.
7. USAR ACT sponsorship troop program units phased implementation deployment.

Medical and Behavioral Health Issues

Issue 614: Comprehensive Behavioral Health (BH) Program for Children

Proponent: The Surgeon General

Issue recommendations: Provide unified, comprehensive, timely children's BH services with dedicated providers. Increase, integrate and streamline existing counseling services to provide comprehensive BH services for children of all Soldiers.

Final issue status: Active

Accomplishments:

1. Published Operation Order 14-44 in Mar 14, to implement the Child and Family Behavioral Health System (CAFBHS) enterprise-wide.
2. Delivered second iteration of CAFBHS trainings for Primary Care Managers (PCMs). PCM Educators have been trained at 26 of 33 Health Readiness Platforms (HRP) or 79 percent. Data pending on total number PCMs trained at each HRP.
3. Completed 100 percent of train-the-trainer for evidence-based practices for 61 BH providers from 33 HRPs.
4. Since Aug 15, numbers of BH providers increased six percent for total of 71 percent of CAFBHS positions. BH encounters have increased by seven percent in FY15. Total aggregate workload increased by 14 percent in FY15.
5. CAFBHS regional prototype sites all functioning.
6. School BH is operational in 51 schools on 12 installations with planned expansion to 100 schools and an additional six installations.

Estimated cost: \$58,000,000 after implementation is completed in FY17.

Issue discussion: The G-3 representative asked whether Soldier BH assets could be used for children. The Surgeon General said no because adult BH do not have proper training to work with children. Forces Command (FORSCOM) praised the work done and questioned whether having 90 percent of the PCMs BH providers trained would constitute completion.

VCSA direction: The VCSA directed the Office of The Surgeon General to work with FORSCOM to determine when the metric for access to child BH providers has been met.

Way ahead:

1. Phased CAFBHS Implementation.
2. Prioritize hiring of CAFBHS staff.
3. Train PCMs and BH providers on CAFBHS model, screening, early identification, and treatment of common BH disorder in military children and adolescents.
4. Establish regional teleconsultation centers to support PCM providers.
5. Continue expansion of community outreach at large installations to support Army Families.

Issue 641: Over Medication Prevention & Alternative Treatment for Military Healthcare System (MHS) Beneficiaries

Proponent: The Surgeon General

Issue recommendation: Authorize and implement a comprehensive strategy to optimize function and manage pain including but not limited to alternative therapy and patient/provider education for all MHS beneficiaries.

Final issue status: Active

Accomplishments:

1. The FY10 National Defense Authorization Act directed DoD to develop a comprehensive pain management strategy.
2. The Comprehensive Pain Management Campaign Plan directed implementation of the Pain Management Task Force with recommendations for holistic, multidisciplinary, and multimodal pain management.
3. U.S. Army Medical Command (MEDCOM) efforts lead DoD Health Executive Council Pain Working Group and ongoing Tri-Service/Veterans Affairs pain initiatives (Tri-Service Charter signed May 14).
4. MEDCOM established an Interdisciplinary Pain Management Center (IPMC) network and tiered pain management teams to include pain champions in medical homes.
5. MEDCOM established pain management tele-mentoring hubs in all regional health commands.

Estimated cost: \$31,500,000 annually for the Army. Defense Health Agency (DHA) wedge for pain inserted in the FY17-21 Program Objective Memorandum. MEDCOM funds remaining pain requirements beyond DHA allocation.

Issue discussion: The Surgeon General stated that the Medical Readiness Assessment Tool will have indicators to generate command reports on Soldiers utilizing opioids. The reports will be distributed to healthcare teams to ensure healthcare teams have visibility on network provider prescriptions. MEDCOM is developing a pilot program to track who buys opioids out of pocket and out of the network to close the loop on those Soldiers using out-of-network civilian providers.

Way ahead:

1. Continue IPMCs. IPMCs are MEDCOM's highest tier of pain management clinics with standardized personnel and equipped to provide services at selected sites.
2. Commanders will have access to e-Profile system.
3. An updated DA EXORD will be released 3rd Quarter FY16.

Issue 692: RC Soldiers BH Treatment Regardless of Duty or Veteran Status

Proponent: ARNG

Issue recommendation: Provide BH treatment to uninsured or underinsured RC Soldiers regardless of duty and veteran status.

Final issue status: Active

Way ahead: The VCSA deferred discussion on the issue. The VCSA is working with the Acting Secretary of the Army and the Director, ARNG to mature senior leaders' understanding of the issue and the correct approach to resolution.

Ms. Christina Vine
DAIM-ISS/ (571)256-8696
christina.m.vine.civ@mail.mil